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ABSTRACT

Hotlines, or telephone crisis-lines, begun in the 1960s and currently numbering in the hundreds provide assistance to callers in crisis, frequently around the clock. Crisis-line communication can be seen as a form of mediated therapeutic communication premised on the existence of a crisis and the medium of the telephone which shapes the intervention. Effective crisis counseling requires specific communication skills enacted within the framework of a crisis intervention model. Such communication is distinguished interpersonally by anonymity, shared control between caller and counselor, lack of reciprocity, and an unusual temporal nature. It is characterized organizationally by the issues of selection, training, and use of counselors; agency environment; organizational policy; and external resources. Crisis-line communication is a unique form of interpersonal communication which uses the private medium of the telephone while operating in an organizational setting. While it shares some characteristics with traditional therapy and with intimate relationships, it is sufficiently different as a form of communication to warrant special study. (ABL)

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THE CRISIS "HOTLINE" AS MEDIATED THERAPEUTIC COMMUNICATION

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by

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THE CRISIS "HOTLINE" AS MEDIATED THERAPEUTIC COMMUNICATION

"The hotline is to the mental health profession what the ambulance or emergency room is to the medical profession" (Rosenbaum and Calhoun, 1977). Hotlines, or telephone crisis-lines, begun in the 1960s and currently numbering in the hundreds provide assistance to callers in crisis, frequently around the clock. The American Association of Suicidology (AAS, 1985) lists 614 agencies; not all agencies are affiliated with AAS.* Not only are there suicide prevention and crisis services available by telephone, but also telephone lines for topics ranging from drug abuse and rape to poison control; there are now even "warm lines" for latch-key children after school.

Counseling provided by crisis intervention services differs from traditional therapy in several significant ways. First, the focus of crisis intervention is the crisis situation, not the individual's personality; second, crisis intervention takes a problem-solving approach, rather than a psychiatric approach; and third, a crisis involves a serious, possibly life-threatening, situation (Rosenbaum and Calhoun, 1977). Consequently, crisis counseling, after the initial establishment of rapport and assessment of risk, is much more goal-oriented and directive than traditional therapy (Slaikeu and Willis, 1978).

Crisis intervention, while unlike traditional therapy, is nonetheless "therapeutic." Barnlund (1968) contrasts the two experiences: Therapy usually involves a series of contacts between a mental health professional and

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*This paper draws not only on research but also on the author's experience with Suicide Prevention and Crisis Service, Ithaca, N.Y., where she has served since 1982 variously as crisis counselor, trainer, and President of the Board of Directors. Special thanks to Professor Bea Goldman, Education Program, Ithaca College, also affiliated with SPCS, for her critical assistance in the preparation of this paper.

a client in an attempt to change some client behaviors which interfere with work or social relationships, bringing about substantial change in perspective; a "therapeutic experience" may involve interaction with anyone on any topic resulting in insight or reorientation, and enabling persons to participate in more satisfying ways in the future. While the terms "therapy" and "therapeutic experience" are not mutually exclusive, they differ in basic assumptions and in focus. Crisis intervention is intentionally therapeutic in that its fundamental purpose is to "reduce alienation, to deepen awareness, to contribute to security of self and acceptance of others, and to increase the capacity to act independently and productively" (Barnlund, 1968). It accomplishes this task by assisting the crisis caller in regaining equilibrium and in locating and relying on his or her own resources. The medium of the telephone makes the hotline a unique form of crisis intervention in that it is private mediated therapeutic communication between two parties, one of whom calls in a state of distress and the other of whom serves as volunteer crisis counselor.

The purpose of this paper is (1) to identify, describe, and analyze the distinguishing characteristics of crisis-line communication as a form of mediated therapeutic communication, and (2) to explore the interrelationships among mediated, therapeutic, interpersonal, and organizational communication as they affect the crisis call. The paper will first describe the necessary preconditions for crisis-line communication--the telephone and a crisis situation, followed by an analysis of therapeutic communication in crisis intervention, the interpersonal characteristics of crisis-line communication, and the organizational factors affecting the crisis call.

Preconditions

Telephone

Invented in 1876, the telephone now reaches into more than 96% of U.S. households with over 90 million subscribers (F. Williams, 1984), and public telephones are readily available. Consequently, virtually every person in this country has access to the telphone. While it is a taken-for-granted convenience, the telephone has been the subject of "scholarly neglect" (Aronson, 1982); it is a transparent medium which has had enormous impact on social relations, business transactions, manners and morals, and the handling of crises (Aronson, 1982), but studied by few (Pool, 1977, 1983).

One of the more important consequences of the telephone has been the change in the concept of "neighborhood." Aronson (1982) describes this maintenance of social networks in the face of residential and geographical dispersion as a "psychological neighborhood" made possible by the telephone. Further, he argues, the telephone serves to reduce loneliness, anxiety, and isolation. Aronson's analysis makes it possible to understand the ubiquitous emergence of the crisis line.

The distinguishing characteristics of the telephone include its "spatial property," its "temporal property," its channel capacity, its machine characteristics, and its dyadic nature (W. Miller, 1973). The telephone "alters interpersonal spatial relationships" (Cathcart and Gumpert, 1983) by allowing contact across geographic distance, while taking place within the intimate zone near the body. The immediacy of the telephone allows for potential contact at any time, especially on a 24-hour crisis line (Lester, 1977). The telephone utilizes a single channel--the auditory channel--which significantly limits available information between participants; Miller and Cannell (1982) suggest that the inability to see the other party may heighten the uncertainty of meaning, and that verbal and paralinguistic cues must compensate for absent

non-verbal cues in regulating conversation. Since the telephone is a "machine," connotations of coldness, distance, and impersonality may potentially affect people's feelings about a call. Finally, the telephone conversation is dyadic and private, factors which may aid in developing an interpersonal relationship (F. Williams, 1984).

McLuhan (1964) argues that the telephone requires total participation because it is essentially an intensely personal medium.

Given the constraints of the medium, can telephone interaction be as successful as face-to-face interaction? T. S. Rogers (1976) in a study of interviews by telephone and in person concludes that "data collected by telephone are as complete and accurate as in person data." Further, Miller and Cannell (1982) argue that the telephone's "affective distance may be a boon when the question in the interview concerns very sensitive matters."

The telephone, a necessary precondition to crisis-line communication, mediates interaction in a unique manner by influencing the quantity and quality of information and by shaping the relationship of the participants (Cathcart and Gumpert, 1983).

Crisis

While the telephone provides the means for crisis-line communication, the crisis situation itself provides the motivation. Although hotlines receive calls of every conceivable kind (silent, prank, obscene, informational, problem, crisis, suicidal), the purpose of a crisis line is to attract callers in distress who, though not necessarily suicidal, might have a "high suicide potential" if not helped (Rosenbaum and Calhoun, 1977).

Each individual has problem-solving behaviors used to cope with everyday situations. When the usual methods are unavailable or unsuccessful in solving a problem, the person then faces a "critical situation," one which is not

necessarily totally new, but is now intolerable. A crisis is defined as the individual's response to this hazardous situation in which the usual problem-solving methods won't work (Brockopp, 1973a). Crises can be developmental, those expected in one's progress through life such as the crisis of adolescense, or incidental, those precipitated by incidents such as illness, job loss, child rearing, etc. (Brockopp, 1973a). In either case, a crisis is a serious situation often requiring emergency services.

Brockopp (1973a) outlines four stages of a crisis situation:

1. The individual responds to the critical situation by employing the normal problem-solving methods with increased activity;
2. Having been unsuccessful in the attempt, the person experiences increased tension, disorganization, and disequilibrium;
3. The individual draws on additional resources, both external and internal. Consequences of this activity include successful resolution, diminution of the problem, or withdrawal by the individual;
4. If the problem remains, the individual may move to more drastic attempts at resolution including complete withdrawal or isolation, suicide, psychosis, etc.

A person experiencing a crisis may reach out at any stage of the crisis process. While the counselor's response will differ depending on the stage of the crisis, there are several forms of support necessary to individuals experiencing any form of life stress. Albrecht and Adelman (1984) define such necessary social support as providing emotional caring, enabling the individual to perceive an increased sense of control over her or his environment, and offering feedback and validation. (Specific communication skills necessary to accomplish these tasks will be discussed in the next section.)

An individual experiencing a crisis may utilize the easily available medium of the telephone to contact a crisis counselor to reduce the stress of the crisis. In a crisis call, the counselor must employ effective therapeutic communication skills in order to be of assistance to the caller.

Therapeutic Communication in Crisis Intervention

Crisis counseling shares many of the characteristics of effective therapeutic communication in other contexts, such as listening to a friend in need or conducting traditional therapy. However, the urgency associated with a crisis requires a clearer focus and direction, depending on the degree of crisis. Further, crisis intervention theory differs from traditional psychiatric theory and its assumptions. In crisis counseling there is no assumption of mental illness or pathology, but rather an emphasis on the healthy aspects of the caller; there is a focus on the caller's coping ability and strength, assuming the caller will make the best choice for him- or herself with the active assistance of the counselor and the utilization of individual and community resources (Brockopp, 1973a).

Crisis intervention by telephone requires the adaptation of effective therapeutic communication skills to a crisis intervention model. Brockopp (1973a) poses this model in five "contiguous and overlapping" steps for the counselor:

1. make an initial evaluation regarding the severity of the crisis situation;
2. develop a trusting relationship with the caller;
3. assist the caller in identifying the specific problem;
4. assess and mobilize the caller's strengths and resources;
5. assist the caller in developing a plan of action.

The crisis intervention model can be analyzed according to the communication skills necessary to implement it. The first and probably most serious task the crisis counselor faces is accomplishing the first two steps of the model simultaneously; that is, in order to gather enough information to make an initial evaluation regarding the severity of the crisis, one must spend some time developing an interpersonal relationship. However, the counselor needs to know with some degree of certainty the relative lethality (likelihood that the caller has already begun or is ready to begin a suicide attempt) as soon as possible in order to make strategic choices for effective counseling. Consequently, the first two steps of the model require a simultaneous combination of strategic information gathering and empathic listening.

In making the initial evaluation of severity, a crisis counselor must learn to confront directly the issue of suicide if there are any indications whatsoever that the caller may be remotely contemplating such an act. Conventional wisdom suggests that the mere mention of suicide may be enough to encourage people to kill themselves. Crisis theory, however, argues that it is vital to open up the subject of suicide in order to give permission to the caller to describe her or his actual feelings about it. Lamb (1973) asks, if the counselor is too anxious to discuss suicide, how can the caller possibly deal realistically with the matter? Further, the counselor will be much less able to assist the caller without this vital piece of information.

From the beginning of the call, the counselor is also working to develop a trusting relationship with the caller. The therapeutic process requires an attitude of empathy and warmth (Natale, 1978) as a basis for trust. Empathic understanding of the caller is demonstrated by effective listening and reflection of the caller's feelings. Ventilation of feelings enables the caller to relieve anxiety (Albrecht and Adelman, 1984) and to develop trust in the

listener. Echterling, Hartsough, and Zarle (1980) suggest that the telephone helper is concerned with making and maintaining contact, at both the beginning and end of the call, due to the "tenuity of the line of communication."

Once the counselor ascertains that the caller is ready and able to focus attention on the problem, the next stage is problem identification. This task has both cognitive and affective benefit. By focusing attention on a concrete and specific problem, the counselor can assist the caller in organizing her or his experience in a rational manner. Additionally, the process of specifying and clarifying the problem reduces the caller's anxiety (Hinson, 1982). Paraphrasing, focusing, asking open-ended questions, and clarifying are useful communication skills to achieve problem identification.

Once the outline of the problem has taken shape and is agreed upon, the counselor can assist the caller in exploring her or his own strengths and available resources. Lamb (1973) suggests that the caller often has potential solutions but is unable to see them since the nature of a crisis is such that it constricts one's ability to see what is available. Utilizing community resources is important. Assisting the caller in developing and maintaining a support network during a crisis is a major goal for the crisis counselor, thereby enabling the caller to gain a renewed sense of control over the circumstance.

Finally, the crisis counselor seeks to develop a plan of action with the caller. A crisis requires action, and the development of an appropriate plan gives energy to its resolution. The precise nature of the plan will depend entirely on the nature of the crisis, but the process will require guidance and encouragement on the part of the counselor. Slaikeu and Willis (1978) in studying caller feedback on counselor performance found that giving clear and specific information was viewed as a very important counselor behavior. While

not denying the importance of empathy and effective listening, they emphasize the importance of "straightforward speech behaviors" in telephone crisis calls.

Effective therapeutic communication in crisis intervention may offer useful learning for the caller. A trusting relationship with the counselor gives the caller an opportunity to discharge feelings of anxiety, identify the problem, utilize her or his own strengths, and gain perspective. Resolving the problem satisfactorily gives the caller the experience in handling a crisis which may provide assistance in future situations (Brockopp, 1973a).

The counselor's therapeutic communication skills of empathic listening, offering reflective and clarifying feedback, asking open-ended questions, focusing and guiding, and giving information, when implemented in the context of the crisis intervention model, offer the opportunity for the caller to move through the crisis, regain a sense of balance, and achieve resolution. Barnlund (1968) summarizes the attributes of a therapeutic communicative relationship which are necessary for effective crisis counseling:

1. a willingness to become involved with the other person;
2. a positive regard for the other;
3. a permissive psychological climate;
4. desire and capacity to listen;
5. communication and empathic understanding;
6. accurate reflection and clarification of feeling;
7. genuine and congruent communicators.

The distinguishing interpersonal characteristics of crisis-line communication will be described in the next section.

Interpersonal Characteristics of Crisis-Line Communication

What are the characteristics of crisis-line communication which distinguish it from other forms of therapeutic communication? In the preceding section the crisis intervention model was described as a tool for crisis management. There are additionally four major interpersonal dimensions which serve to distinguish crisis-line communication from traditional therapy on the one hand and from friendship and other intimate relationships on the other.

Anonymity

Possibly the most thoroughly examined aspect of crisis-line communication is its anonymity. Most obviously, the caller has the option of remaining anonymous because of the medium of the telephone. Anonymity serves a major therapeutic function for a caller in crisis because it "reduces the feeling of being ridiculed or abused while in a vulnerable position and can reduce the loss in social status involved in presenting oneself as someone in need of help" (Williams and Douds, 1973). As a consequence, with the protection of anonymity, the caller may be encouraged to disclose feelings more readily than in the face-to-face setting (Wark, 1982). Without question the opportunity for anonymity is an inducement to call a crisis line.

Counselor anonymity also has its advantages. The "freeing effect" of counselor anonymity may reduce the threat for the caller by eliminating the physical presence of an identifiable person (Wark, 1982) and may reduce the distraction thus created (Williams and Douds, 1973). At the practical level, counselor anonymity discourages dependence on an individual counselor in a 24-hour service which may require 50-90 counselors to maintain complete phone coverage in a week.

There is, however, a peculiar irony regarding the anonymity of a crisis line. The telephone provides opportunity for a "psychological neighborhood"

(Aronson, 1982) of individuals connected across geographic distances. The telephone also provides the opportunity for the existence of a crisis line which serves as a supplement to or substitute for other support systems. But the telephone also allows anonymity, creating "faceless neighbors," unlike any other support relationship.

Control

Caller anonymity gives rise to the issue of control in the relationship between caller and counselor. Significant control is retained by the caller in two areas: The initiation and termination of the call remains exclusively in the hands of the caller, increasing the power and sense of freedom of a person in a vulnerable position (Lester, 1974). There is no required or even implicit commitment to an ongoing relationship as is often the case with face-to-face therapy (Rosenbaum and Calhoun, 1977); there is not even a commitment to continuation of the call since the caller can hang up the telephone at any moment. Additionally, the caller controls the content of the call. The amount, kind, and accuracy of information disclosed is determined by the caller. Precisely because the caller can hang up, the counselor must always gauge the effect of any question or response in an attempt to keep the caller on the line, especially a suicidal caller.

Some control in the call is retained by the counselor, notably control over the process of the call (Hinson, 1982). For example, the counselor determines the length, timing, and duration of probing questions, the degree to which the caller needs to be supported and/or encouraged to take action, necessary type of referral, etc. Because of the caller's vulnerability and the counselor's training, skill, and knowledge of resources, it is important for the counselor to allow the caller as much sense of control as possible within the constraints of effective crisis intervention.

Reciprocity

The discussion of control has implicit in it the issue of reciprocity, or lack thereof. Reciprocity can be analyzed on the basis of the characteristics of the participants and of the interaction between the participants.

While callers and counselors share many human needs, at the time of the call they are quite dissimilar. Mahoney and Pechura (1982) describe crisis center volunteers as altruistic, emotionally sensitive, and stable. Additionally, counselors are likely to be stable, caring, patient, relaxed, compassionate, and above average in education (Plante and Davids, 1982).

In contrast, an individual in crisis is likely to be in a disorganized state; engaging in impulsive and unproductive testing behavior; experiencing anxiety, fear, distress and inability to control emotions; having a lowered attention span and a loss of perspective; and exhibiting a changed relationship to other people (Brockopp, 1973a).

In addition to the marked dissimilarities of caller and counselor characteristics, there is a lack of reciprocity in the interaction as well. A caller in crisis, especially a suicidal caller, is likely to exhibit ambivalence (Hinson, 1982) and to disclose relevant personal information. The counselor, on the other hand, provides a supportive environment, listens, reflects and clarifies, and offers guidance and direction. The caller needs to receive assistance, and the counselor has a need to help. In short, the interpersonal relationship of caller and counselor on the crisis line is characterized by lack of reciprocity.

Time

The final characteristic of crisis-line communication is its temporal nature which can be analyzed in terms of accessibility and continuity.

The crisis line is thoroughly accessible. The fact that most hotlines are available 24 hours a day and most people have easy access to telephones creates a situation of ready availability. The potential immediacy and spontaneity of a crisis line may serve as a deterrent to impulsive action. No other relationship is as easily available around the clock. In contrast, there are usually time-consuming procedures involved in setting up an appointment with a therapist in an agency, and even the closest friends and intimates require time to be uninterrupted by others.

While a caller in crisis has easy access to a hotline, crisis-line communication is characterized as having a lack of continuity. Even in the case of a repeat caller a different counselor is likely to receive the call (Wark, 1982), a situation which benefits the caller who gets a new perspective. Crisis counseling is intense, focused, usually one-time or intermittent; continuity requires ongoing, face-to-face therapy. This factor clearly affects the content and nature of crisis-line interaction.

In addition to the interpersonal characteristics of crisis-line communication, there are a variety of organizational factors affecting the call as well.

Organizational Factors Affecting Crisis Line Communication

Crisis-line communication typically takes place in an organizational setting in which the counselor, usually a trained volunteer, receives calls in the office of a not-for-profit human services agency. There are many organizational factors which directly affect the nature of crisis-line communication including the selection, training, and utilization of counselors; agency environment; organization policies; and available resources. The telephone interaction between caller and counselor is directly or indirectly affected by all of these factors.

Selection, Training, and Utilization of Counselors

A major issue in the selection of crisis counselors is the use of volunteers. The initial reason for the use of volunteers as crisis-line counselors was the shortage of available professionals (Rosenbaum and Calhoun, 1977). While almost all crisis lines are staffed at least in part by volunteers (Rosenbaum and Calhoun, 1977), there was nevertheless early debate regarding their desirability. However, in a study of clinical effectiveness of nonprofessional and professional telephone counselors in a crisis center, Knickerbocker and McGee (1977) found no significant difference between the two groups in the therapeutic conditions of empathy, warmth, and genuineness. Based on practical advantage, theory, and empirical research, there now appears to be substantial agreement that volunteers are necessary and valuable not merely as substitutes for professionals, but in their own right (McGee and Jennings, 1973). Viney (1983) argues that the role of the volunteer in the community mental health movement is no longer in question although the criteria for selection and training is still a subject of discussion.

A major task for most crisis service agencies is successful recruitment and screening of volunteers and thorough and appropriate training. Brockopp (1973b) summarizes the goal of the selection process as finding people whose "enthusiasm for life" and concern for other people is expressed in their voice and who can transmit nonverbally a "sense of hope and expectancy." Elkins and Cohen (1982) found that while a good training program produces changes in counselor skill and knowledge, attitudes were not subject to change on the basis of training or experience. Such a conclusion confirms Brockopp's (1973b) recommendation for screening volunteers in part on the basis of attitude and values.

Effective training of volunteer crisis counselors involves two major areas: thorough and adequate information regarding kinds of callers and the

problems they are confronting, and assistance in improving counselor interpersonal sensitivity and effectiveness on the telephone. Such training may require as much as thirty or more hours of intensive instruction, role play, feedback and evaluation with a significant emphasis on listening skills (Brockopp, 1973c). Furthermore, Elkins and Cohen (1982) conclude that only "direct continuation of training" will improve counselor skills, emphasizing the need for regular follow-up training for experienced counselors. Finding and keeping volunteers with character, commitment, and communication skill is sometimes difficult since the training is long and the work is arduous, requiring the supervision of professional staff.

In addition to selection and training, the utilization of volunteers affects their ability to be successful as crisis counselors. Such mundane matters as length and frequency of shifts for volunteers who work at other jobs and have personal and family responsibilities can affect the counselor's feelings and attitudes. Very importantly, participation in support groups is an important factor in a counselor's ability to be effective and responsive to the caller. Albrecht and Adelman (1984) suggest that providing emotional nuturance to another person can "strain a provider, decreasing the amount and quality of support he or she can or is willing to offer." Further, support groups provide a significant learning environment for counselors who share experiences. Supervisory staff and support groups provide an outlet for counselors to discharge the stress and anxiety they experience as a result of crisis calls.

Agency Environment

The crisis counselor typically answers the crisis line in the office of a human service agency. Various factors in the physical environment may have an effect on the counselor's response to a crisis call. For example, is the

office secure? Especially for counselors on late night or overnight shifts, safety can be a concern since counselors are sometimes threatened by disturbed callers or obscene calls. Are other counselors or staff present in the office? The presence of another person may be a distraction or a relief. Are there multiple lines or multiple phones to manage? If the counselor is alone, multiple lines require the use of a hold button on the telephone. Or is there a diverter to be implemented? Further, the counselor is likely to be expected to keep some written record of each call for purposes of statistical analysis and/or counseling plans.

In addition to the physical environment, the psychological environment is also very important. Factors affecting the psychological environment range from back-up support for difficult calls to concern about continued existence of the agency. Since not-for-profit agencies are continually in financial jeopardy, the funding support for a crisis line may have an indirect effect on the counselor (Lester, 1977).

Organizational Policy

Each crisis agency has a set of organizational policies which affect the choices the counselor can make in a crisis call. Confidentiality is an important policy issue; stressing the confidentiality to the caller may increase the likelihood of disclosure. What are the guidelines, if any, for violation of confidentiality? Typically, the only violation sanctioned is that necessary to interrupt a suicide attempt by calling an emergency rescue service. Further, the agency policy regarding disclosure of the guidelines will affect what the counselor can say to the caller.

Policy and practice for tracing a lethal call is also a factor affecting the counselor. In such a situation, not only the agency but the telephone company and in some cases the police are involved in implementing such an

action. The counselor must not only know how to trace a call, but how to handle the caller whose call is being traced.

Some crisis centers also provide face-to-face counseling; others have emergency outreach services which provide face-to-face counseling in emergency situations; others have none. Agency policy and practice regarding face-to-face counseling controls the range of options available for the crisis counselor, thereby affecting the counselor's therapeutic task.

Some agencies provide counseling plans for repeat callers created by the agency's professional staff which offer guidelines for the counselor in handling what could be very difficult calls. Knowledge and effective use of counseling plans can facilitate a call.

External Resources

There are two types of external resources which are often vital to the crisis counselor: emergency services and referral services. Emergency services include transportation services, police, hospital emergency rooms, and psychiatric hospitals or units whose location, rules and regulations, and relationship to the crisis agency are important for the counselor to know. Referral services include community services such as emergency shelters, food and clothing supplies, support groups and facilities, as well as psychiatric services.

External resources become the connection between the telephone interaction and the outside world of everyday life for the caller. Assistance in obtaining appropriate services allows the caller to move from a state of inaction or paralysis to a more grounded involvement with others who can provide needed support.

Conclusion

Crisis-line communication can be seen as a form of mediated therapeutic communication premised on the existence of a crisis and the medium of the telephone which shapes the interaction. Effective crisis counseling requires specific communication skills enacted within the framework of a crisis intervention model. Such communication is distinguished interpersonally by anonymity, shared control between caller and counselor, lack of reciprocity, and an unusual temporal nature. It is characterized organizationally by the issues of selection, training, and utilization of counselors, agency environment, organizational policy, and external resources.

Crisis-line communication is a unique form of interpersonal communication utilizing the private medium of the telephone, operating in an organizational setting. While it shares some characteristics with traditional therapy as well as with intimate relationships, it is sufficiently different as a form of communication to warrant special study.

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